

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|            | AS FIED |     | AFTER 1ST<br>AMENDMENT |     | AFTER 2ND<br>AMENDMENT |     |
|------------|---------|-----|------------------------|-----|------------------------|-----|
|            | IND     | DEP | IND                    | DEP | IND                    | DEP |
| 1          |         |     |                        |     |                        |     |
| 2          |         |     |                        |     |                        |     |
| 3          |         |     |                        |     |                        |     |
| 4          |         |     |                        |     |                        |     |
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| 50         |         |     |                        |     |                        |     |
| TOTAL IND. |         |     |                        |     |                        |     |
| TOTAL DEP. |         |     |                        |     |                        |     |

|            | IND | DEP | IND | DEP |
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| 100        |     |     |     |     |
| TOTAL IND. |     |     |     |     |
| TOTAL DEP. |     |     |     |     |